PITRES (A.)

Clitoridian crises in progressive locomotor ataxia

CLITORIDIAN CRISES IN PROGRESSIVE LOCOMOTOR ATAXIA.

BY DR. A. PITRES.

Translated for the MEDICAL ABSTRACT.

ATAXIC crises of the clitoris were first described by MM. Charcot and Bouchard in a communication to the *Société de Biologie* (Paris, 1866). In the case reported, the patient had crises of severe pain in the limbs, and "voluptuous sensations which occurred spontaneously and were similar to those experienced during coition." The greater part of such writers who, since 1866, have occupied themselves with the symptomatology of tabes, describe the subjective and intermittent troubles referred to in the communication under the generic name of "tabetic crises." But none of them has reported further and more fully detailed cases of this singular anomaly in the genital organs. Clitoridian crises are nevertheless not rare either at the beginning or in the course of locomotor ataxia; but for reasons readily understood physicians generally are unaware of their existence. The three cases which follow will give the characteristics of these crises, show their semiological value, and demonstrate the importance that a knowledge of them may have at the commencement of the evolution of tabes.

Françoise R., æt. 48, now in the hospital for incurables at Bordeaux, presents symptoms which leave no room for doubt as to the exactitude of the diagnosis of tabes. Inco-ordination of the inferior members has arrived at such a point that the patient is incapable of rising, and even of remaining in a standing position; yet the muscular force is so well preserved that it is impossible to bend her legs back upon her thighs when she is requested to keep the limbs extended. The muscular sense is so profoundly affected that she never knows exactly the position of her lower members unless she sees them. The rotulian reflexes are wholly wanting. The sensations derived from contact, pricking and heat are scarcely perceived. There are no trophic troubles. The superior members are the seat of a constant sensation of formication.

These patients cannot execute the simplest movements without a certain degree of hesitation. When their eyes are closed the uncertainty of movement is very greatly augmented, and they are often observed to put their finger upon their forehead or chin when, perhaps, they have desired to touch their cheek or ear.

In the present case no intellectual trouble has been observed. The bladder is inactive and micturition slow and difficult. There are gastric crises three or four times a year, frequent attacks of coughing occurring mostly at night, binding pains at the base of the thorax and the waist, and shooting pains either in the superior or the inferior members. These symptoms taken together enable us to affirm that Françoise R. has progressive locomotor ataxia which is advanced to the paraplegic period. Let us see what information this very intelligent patient has to give of the first phases of her malady.

During her youth she had very good health. There were no signs of syphilis and no great venereal excesses. She had two children at term; there were no miscarriages or premature deliveries. In 1870 she entered an establishment where she was required to use a sewing machine. This work, not laborious of itself, soon became very disagreeable for Françoise, for the movement of the thighs necessary to the working of the pedal, often provoked in her a series of voluptuous sensations, with erotic spasms which ended in ejaculation. In spite of the immediate pleasure caused by these excitements she controlled them as much as possible, for they were followed by extreme gastric weakness. In 1871 she left the establishment, and until 1874 enjoyed perfect health. It appears, however, that during these three years, despite the fact that she no longer used the sewing machine, she experienced in periods, varying from eight to 15 days, violent sensations of a voluptuous character which seized her without her being aware of any exciting cause. The excitation was likely to occur at any hour of the day, especially when she was inactive, and—let us fully understand—without any artificial provocation whatsoever, or any lustful thought [*pensée lubrique*]. The excitement commenced by a sort of vibratory titillation in the vagina. The sensation reached the clitoris, which soon entered into a condition of erection, and there soon followed a veritable erotic spasm with ejaculation—absolutely as in regular coition. These spontaneous voluptuous crises were almost always repeated three or four times in the same day and, after passing away, returned in periods of from one to two weeks. They were followed by painful debility of the stomach. Let us note that at this period Françoise was living maritally with the father of her children, and that she used moderately, but in all liberty, the pleasures of conjugal life.

Toward the close of 1874 she commenced to feel the constrictive pains and formications, and six months afterward she had for the first time the lancinating pains of tabes. The first crisis was extremely violent and lasted for 12 days. The pains were of a gnawing and tormenting character; they were described as being acutely felt in the flesh and bones and, generally, in the deeper recesses of the system. The patient was seldom without the shooting

pains described. In 1878 the ambulatory troubles were fully established. In this year also the first gastric crises appeared. The cough was not observed until 1882. During the entire duration of this progressive phase of tabes (from 1874 to 1883) the erotic crises continued in the same manner as at the beginning of the malady. They still occur from time to time with intervals of two or three months. But the patient dreads them now more than ever, because they almost always announce an approaching onset of the lancinating pains and the gastric troubles.

Jeanne P., 48, a cigar-maker, has been in hospital for two years with progressive tabes and clitoridian crises. At 45 she was in perfect health; no syphilis, no alcoholism. Married at 19, she had six children; three of them are living and in good physical condition. She has always been of a very ardent disposition concerning sexual pleasures. Has been a widow since 1870; her malady commenced in 1880. Without known cause or anterior suffering she had in the morning upon rising, painful glairy vomitings. They were associated with violent efforts and sharp pains in the stomach. After they had ceased she felt no uneasiness of any kind. Her appetite and digestion were very good. At the same period (1880), the first clitoridian crisis appeared. About twice a month, without physical or psychical provocation, the patient felt a titillation of the clitoris which persisted and augmented in intensity during 15 or 20 minutes and terminated by a complete erotic spasm with abundant vulvo-vaginal secretion. This symptom was manifested both at night and in the daytime, and was preceded by no prodroma. The clitoridian erection ceased very soon after ejaculation and the emission was followed by no notable sensation of fatigue. During an entire year the vomitings and clitoridian crises were the only morbid symptoms observed. In 1881 there appeared for the first time the shooting pains common to these cases. They were not intense at first, but soon augmented in violence; they appeared capriciously upon the trunk, the face, or the limbs. At nearly the same time the patient commenced to feel a persistent pain at the waist, and a subjective sensation of pain in the inferior members. At the end of 1881 perambulation became hesitating and, a short time afterward, impossible. The patient now remains constantly in bed, suffering terribly from the shooting pains and a girdle pain which, in its spasmodic action, tightly binds her abdomen.

The patient's condition in 1883 is: Confirmed ataxia; cannot stand unless well supported; efforts to walk followed by excessive pains in limbs; muscular force well preserved; loss of sensation of position of inferior members; rotulian reflexes wanting; no trophic troubles; sensations caused by pricking and tickling perceived slowly and without precision; no motor inco-ordination of superior members; patient can button her clothing; has felt within a few months formications in left hand; no trouble in organs of sense; micturition slow and difficult; urine passed drop by drop except when great effort is made; shooting pains very frequent and seated in almost any part of body. At the level of inferior part of abdomen patient feels binding pains. The sensation of cold in the inferior members is partially avoided by thick layers of cotton. The clitoridian crises are less frequent than in 1881, but they rarely appear less often than once a month—a few days before the catamenia; they have the same character as formerly. The patient sometimes has uterine pains similar, she says, to those of child-bed. An examination of the genital organs reveals no grave affection. The uterine neck is voluminous and a little humped, but there is no tumor. There is no leucorrhœa, and menstruation is regular. There is nothing abnormal in the vulva.

Honorine R., 44, entered hospital in 1883. Had typhoid fever at 13. Married at 17 she had five successive premature deliveries followed by a normal pregnancy which terminated in giving birth to a well-made child who is living and has always been in good health. Patient denies all venereal symptoms. Toward 36 years she became subject to sharp lancinating pains seated in the occiput and temples; her physician considered them neuralgic. At this time the first clitoridian crisis appeared. They were preceded by violent palpitations of the heart. In a few moments the genital organs became the seat of voluptuous sensations precisely as in coition and terminated in an abundant vulvo-vaginal secretion. The erotic impression was so profound that the patient always rested in a condition of semi-prostration for several minutes. These voluptuous crises were reproduced with the same characteristics for 4 or 5 times a month during about 10 years (1871–1881). They appeared during the night or in the daytime and were brought on by no erotic thought. They often surprised the patient while she was occupied with her household duties. Toward the end of 1880 the head pains disappeared, but six months afterward (1881), lancinating pains, sharp and short, began to appear in the inferior members. In 1882 her walk became hesitating, the sufferings grew more severe, and a constricting pain appeared at the base of the thorax. The patient now presents the most characteristic signs of confirmed, progressive,

locomotor ataxia. Her limbs in her attempts at walking are moved violently from side to side in any effort she may make to reach a desired point. The resistance offered by the floor she tries to walk on is not perceived; the sensibility of the inferior members is obtuse, and prickings are recognised only after a delay of several seconds. The shooting pains are very sharp; they are seated in the limbs and upon the trunk, and their appearance is ordinarily preceded by local perspiration. The rotulian reflexes are wanting on both sides. Micturition is slow and there are no trophic or visual troubles. At present there are no clitoridian crises. They ceased in 1881—at the time the shooting pains commenced.

Trousseau formerly pointed out that in man also, these violent and prolonged erections, followed by rapid ejaculations, were to be found at the commencement of locomotor ataxia. There is, perhaps, reason for suspecting an intimate connection of these troubles of the male genital organs with those phenomena of clitoridian excitation which may show themselves in women under like conditions. That there are good reasons for this comparison must assuredly appear when we remember that MM. Charcot and Bouchard wrote: "We call attention to the spontaneous voluptuous sensations which appear to us to have a certain analogy with genital excitation, and to the facility and rapidity of the seminal emission which is not rarely seen, *in ataxic men*, to precede the period of anaphrodisia."

An interesting particular to be derived from our cases is, that the clitoridian crises may appear at the very beginning of tabes—before inco-ordination, and even before the characteristic shooting pains. In our first patient the voluptuous crises were, for four years, the sole subjective symptoms of medullary affection. In the second, well defined clitoridian and gastric crises preceded by one year the onset of the first characteristic pains in the limbs. In the third, the only symptoms recognized by the patient for six consecutive years were neuralgiform, cephalic pains—whose tabetic nature is very doubtful—and clitoridian crises. The facts lead us to attribute to these crises a semiological value equivalent at least to that of all other tabetic crises, and to formulate concerning them the two following propositions:

1. When we observe clitoridian crises we should suspect tabes, even in the absence of all other symptom of medullary affection.

2. When the clitoridian crises coexist with any one of the ordinary symptoms of ataxia, we should diagnosticate tabes even in the absence of inco-ordination.—*Le Progrès Medical*, Sept. 13, 1884.

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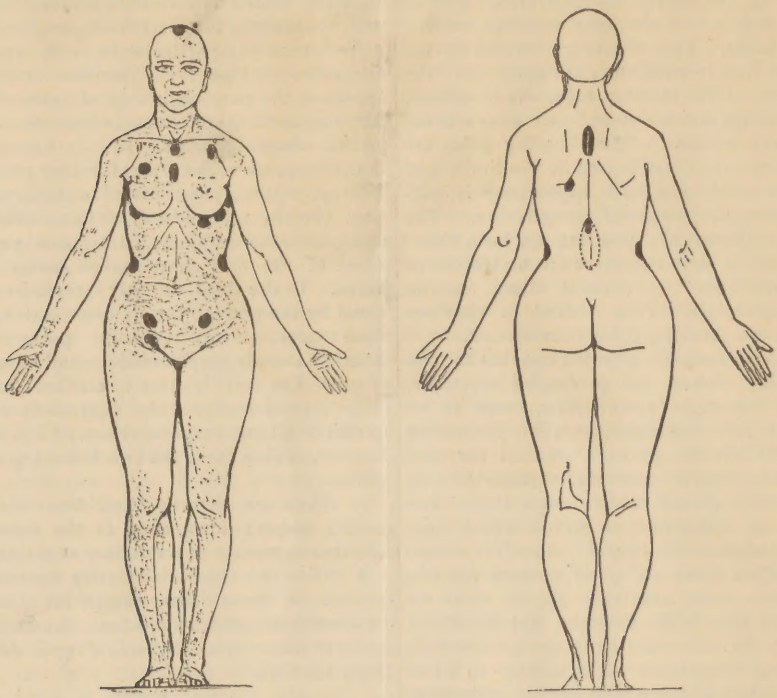

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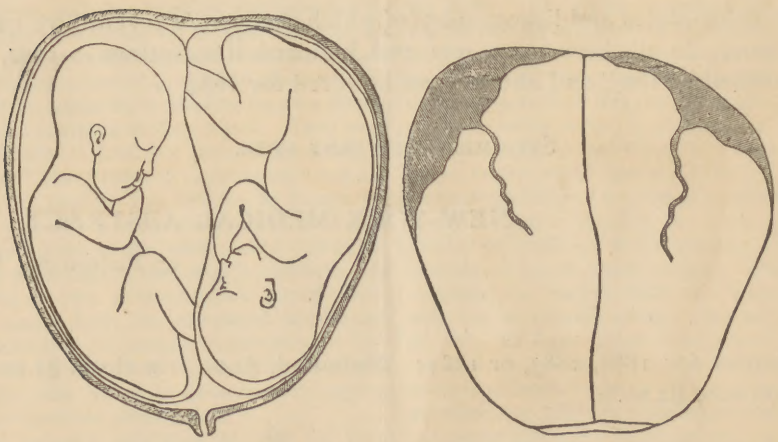

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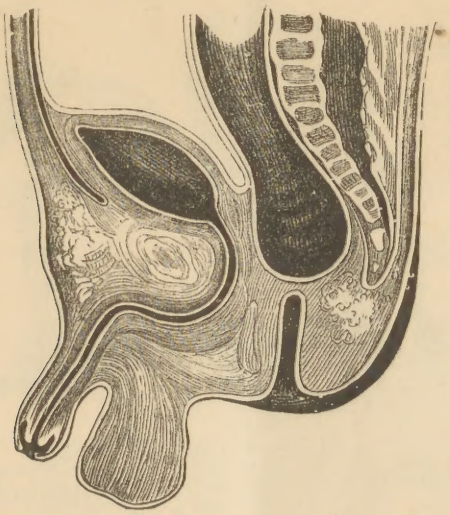

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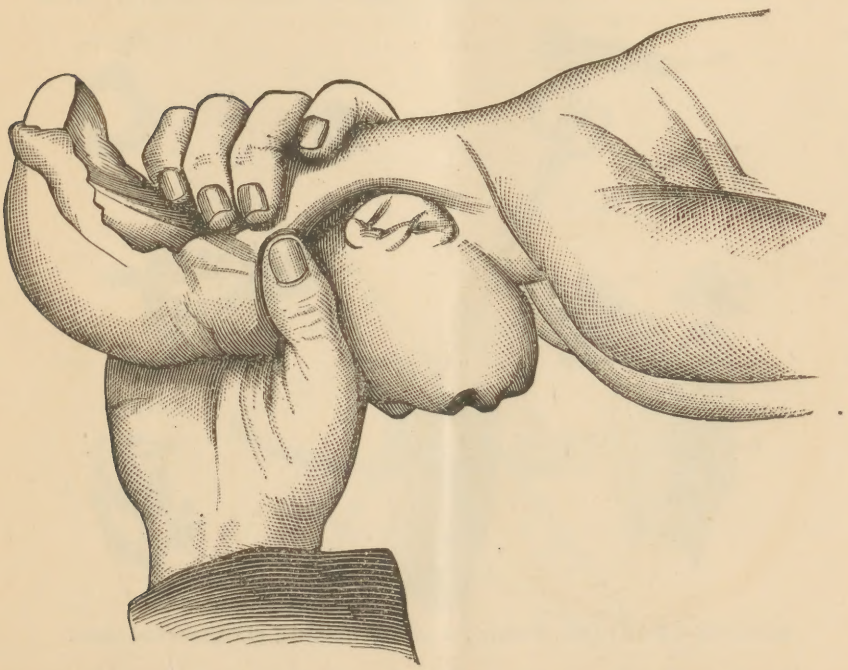

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Fig. 1.

Fig. 2.

Fig. 3.

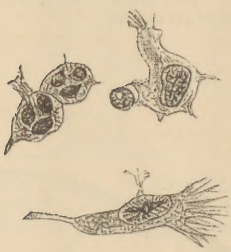

Fig. 4.

Fig. 6.

Fig. 7.

Fig. 8.

Fig. 5.

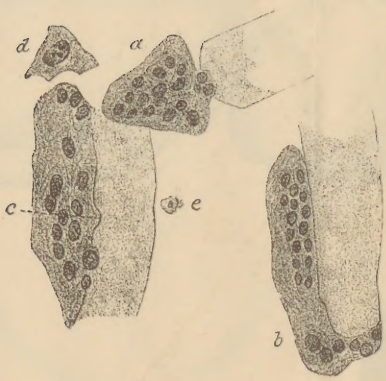

Fig. 9.

Fig. 10.

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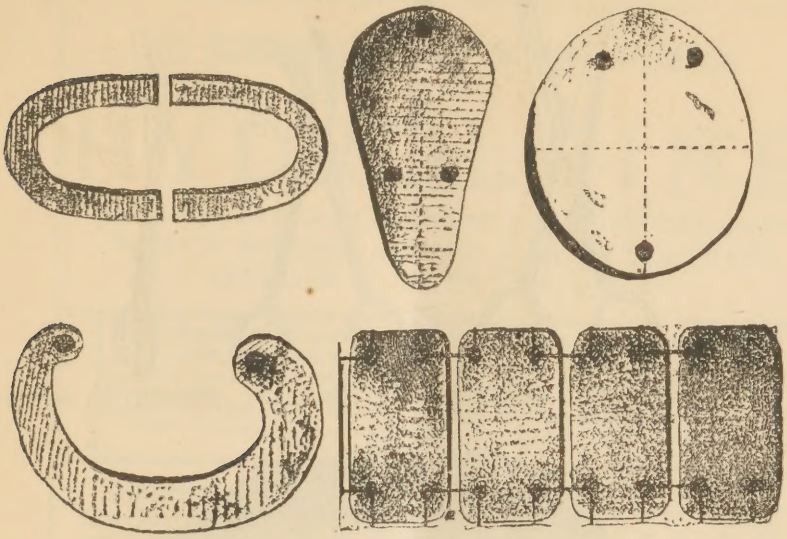

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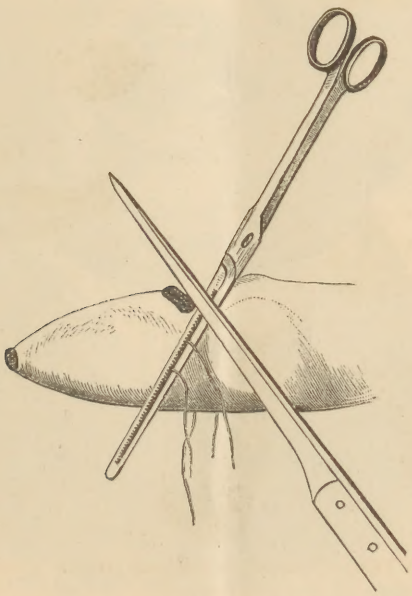

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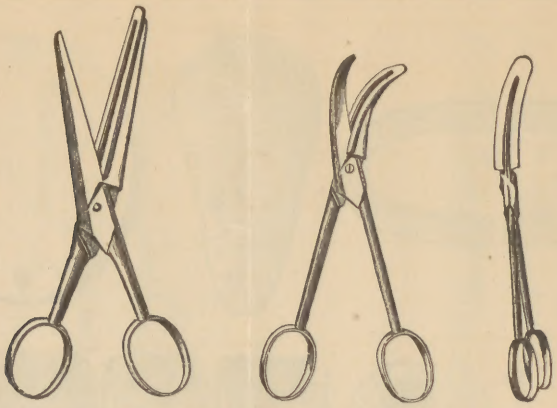

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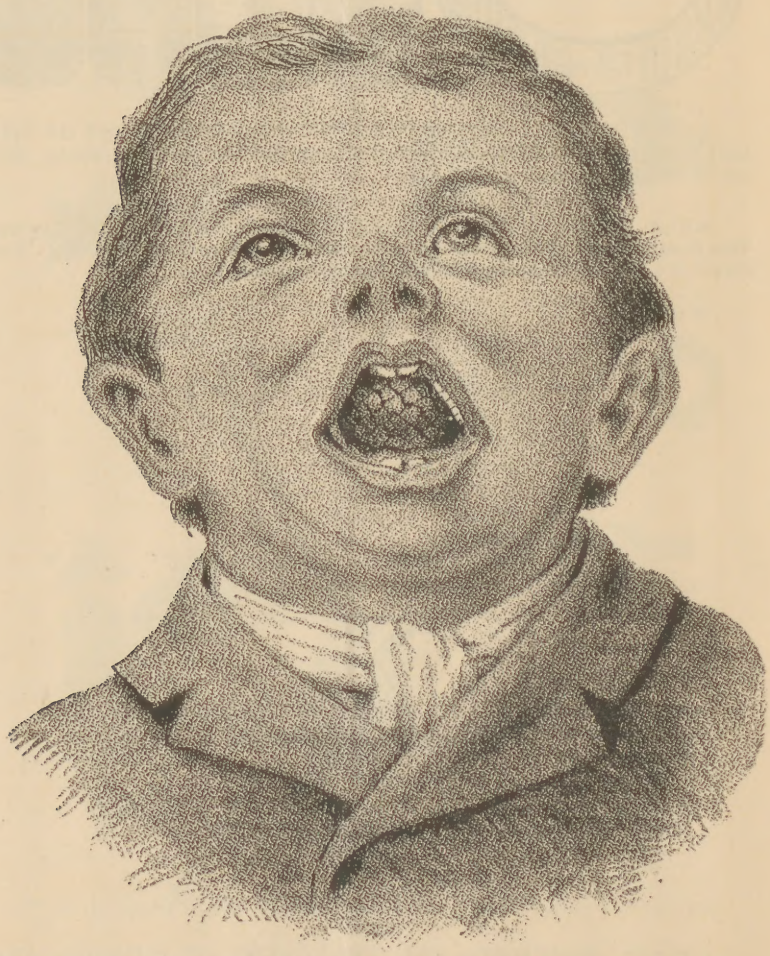

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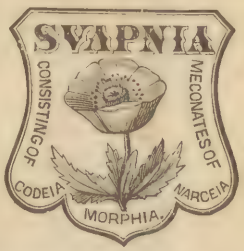

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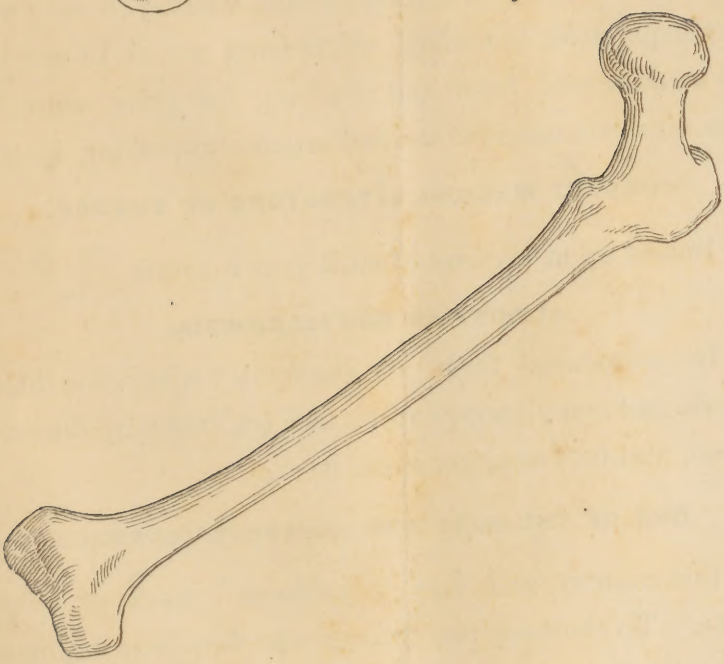

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